ELKHORN 53121 Phone: (262) 723-4963
Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital? No
Number of Beds Set Up and Staffed (12/31/00): 55
Total Licensed Bed Capacity (12/31/00): 60
Number of Residents on 12/31/00: 47

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Nonprofit Church-Related

Skilled No Yes 46

***********	****	**********	******	************	******	*********	*****
Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/0	00) %				
Home Health Care Supp. Home Care-Personal Care	No No	Primary Diagnosis	% 	Age Groups	%	Less Than 1 Year 1 - 4 Years	42. 6 38. 3
Supp. Home Care-Household Services Day Services	No No	Developmental Disabilities Mental Illness (Org./Psy)	0. 0 25. 5	Under 65 65 - 74	4. 3 21. 3	More Than 4 Years	19. 1
Respite Care Adult Day Care	No No	Mental Illness (Other) Alcohol & Other Drug Abuse	12. 8 0. 0	75 - 84 85 - 94	23. 4 42. 6	********	100.0
Adult Day Health Care Congregate Meals	No No	Para-, Quadra-, Hemi pl egi c Cancer	0. 0 0. 0	95 & 0ver	8. 5	Full-Time Equival Nursing Staff per 100	ent Resi dents
Home Delivered Meals Other Meals	No No	Fractures Cardi ovascul ar	0. 0 12. 8	65 & 0ver	100. 0 95. 7	(12/31/00)	
Transportation Referral Service	No No	Cerebrovascul ar Di abetes	4. 3 8. 5	Sex	 %	RNs LPNs	9. 8 5. 1
Other Services Provide Day Programming for	Yes	Respiratory Other Medical Conditions	0. 0 36. 2	Mal e	23. 4	Nursing Assistants Aides & Orderlies	19. 8
Mentally Ill Provide Day Programming for	No		100. 0	Femal e	76. 6		
Developmentally Disabled ************************************	No ****	*********	******	*******	100. 0 ******	***********	*****

Method of Reimbursement

	Medicare (Title 18)			Medicaid (Title 19)			0ther			Private Pay			Managed Care			Percent	
			Per Die	m		Per Die	m		Per Dien	1		Per Dien	1	l	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0%
Skilled Care	4	100.0	\$277.04	34	94. 4	\$102.30	0	0.0	\$0.00	7	100.0	\$127.00	0	0.0	\$0.00	45	95. 7%
Intermedi ate				2	5.6	\$85. 54	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	2	4. 3%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj		0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Depender	it 0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		36	100. 0		0	0.0		7	100.0		0	0.0		47	100.0%

Admissions, Discharges, and		Percent Distribution	of Residents'	Condi ti o	ns, Services	s, and Activities as of	12/31/00
Deaths During Reporting Period		 		0/6	Needi ng		Total
Percent Admissions from:		Activities of	%		stance of	% Totally	Number of
Private Home/No Home Health	9. 7	Daily Living (ADL)	Independent	One 0	r Two Staff	Dependenť	Resi dents
Private Home/With Home Health	4.8	Bathi ng	0.0		78. 7	21. 3	47
Other Nursing Homes	3. 2	Dressi ng	12. 8		72. 3	14. 9	47
Acute Care Hospitals	77.4	Transferring	34. 0		40. 4	25. 5	47
Psych. HospMR/DD Facilities	4.8	Toilet Use	23. 4		36. 2	40. 4	47
Reĥabilitation Hospitals	0.0	Eating	70. 2		17. 0	12. 8	47
Other Locations	0.0	***************	******	*****	*******	**********	******
Total Number of Admissions	62	Continence			Special Trea		%
Percent Discharges To:		Indwelling Or Externa	ıl Catheter	2. 1		Respiratory Care	0. 0
Private Home/No Home Health	15. 2	Occ/Freq. Incontinent		76 . 6		Tracheostomy Care	0. 0
Private Home/With Home Health	10.6	Occ/Freq. Incontinent	of Bowel	55. 3		Suctioning	0. 0
Other Nursing Homes	3. 0					Ostomy Care	2. 1
Acute Care Hospitals	18. 2	Mobility	_			Tube Feeding	0. 0
Psych. HospMR/DD Facilities	1. 5	Physically Restrained	l	4. 3	Recei vi ng	Mechanically Altered Di	iets 38.3
Rehabilitation Hospitals	0. 0						
Other Locations	10.6	Skin Care				ent Characteristics	
Deaths	40. 9	With Pressure Sores		6. 4		nce Directives	87. 2
Total Number of Discharges		With Rashes		2. 1	Medi cati ons		
(Including Deaths)	66				Recei vi ng	Psychoactive Drugs	19. 1

		Ownershi p:		Bed	Si ze:	Li ce	ensure:		
	Thi s	Nong	orofit	50-	. 99	Ski l	l ed	Al l	
	Facility	Peer	Group	Peer	Peer Group		Group	Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	76. 7	92.8	0.83	86. 6	0. 89	87. 0	0. 88	84. 5	0. 91
Current Residents from In-County	87. 2	73. 6	1. 19	69. 4	1. 26	69. 3	1. 26	77. 5	1. 13
Admissions from In-County, Still Residing	25. 8	26. 8	0. 96	19. 5	1. 32	22. 3	1. 16	21. 5	1. 20
Admissions/Average Daily Census	134. 8	86. 5	1. 56	130. 0	1.04	104. 1	1. 29	124. 3	1.08
Discharges/Average Daily Census	143. 5	83. 8	1. 71	129. 6	1. 11	105. 4	1. 36	126. 1	1. 14
Discharges To Private Residence/Average Daily Census	37. 0	28. 3	1. 31	47. 7	0. 78	37. 2	0. 99	49. 9	0.74
Residents Receiving Skilled Care	95. 7	89. 0	1. 08	89. 9	1.07	87. 6	1. 09	83. 3	1. 15
Residents Aged 65 and Older	95. 7	97. 3	0. 98	95. 4	1.00	93. 4	1. 02	87. 7	1.09
Title 19 (Médicaid) Funded Residents	76. 6	67. 3	1. 14	68 . 7	1. 12	70. 7	1. 08	69. 0	1. 11
Private Pay Funded Residents	14. 9	27. 1	0. 55	22. 6	0. 66	22. 1	0. 67	22. 6	0. 66
Developmentally Disabled Residents	0. 0	0. 4	0.00	0. 7	0.00	0. 7	0.00	7. 6	0.00
Mentally Ill Résidents	38. 3	32.8	1. 17	35. 9	1.07	37. 4	1. 02	33. 3	1. 15
General Medical Service Residents	36. 2	22. 4	1. 62	20. 1	1.80	21. 1	1. 71	18. 4	1. 96
Impaired ADL (Mean)	48. 1	49 . 0	0. 98	47. 7	1. 01	47. 0	1.02	49. 4	0. 97
Psychological Problems	19. 1	46. 3	0.41	49. 3	0. 39	49. 6	0. 39	50. 1	0. 38
Nursing Care Required (Mean)	6. 1	7. 6	0. 81	6. 6	0. 93	7. 0	0.87	7. 2	0.86